Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Homeland Security

August 14, 2019

MEMORANDUM FOR: DISTRIBUTION

FROM: Kevin K. McAleenan
Acting Secretary

SUBJECT: Appointment of a Federal Coordination Team for the Consumer Electronics Show

The Consumer Electronics Show, a Special Event Assessment Rating level 1 event, is scheduled to take place in Las Vegas, Nevada on or about January 7-10, 2020, and will be a widely-attended, high-profile special event that will require significant coordination among federal, state, and local authorities.

I have appointed three members of the local federal community from the Department of Homeland Security to serve as Federal Coordinator, Deputy Federal Coordinator, and Alternate Deputy Federal Coordinator to coordinate federal support efforts for this event. [redacted] Special Agent in Charge, Las Vegas Field Office, United States Secret Service, will serve as Federal Coordinator. [redacted], Federal Security Director, Las Vegas Field Office, Transportation Security Administration, will serve as Deputy Federal Coordinator. [redacted] Field Office Director, Salt Lake City Field Office, United States Immigration and Customs Enforcement, will serve as Alternate Deputy Federal Coordinator. Their appointments will remain in effect through the event's conclusion.

The three appointees comprise the Federal Coordination Team for this event and will serve not only as my local representatives, but also as the primary, although not exclusive, federal points of contact for facilitating coordinated federal support for the Consumer Electronics Show. The Federal Coordination Team will not impede or affect the authority of other federal officials to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, they will not direct or replace the local incident command structure. I am confident that the Federal Coordination Team will provide the leadership necessary for this event, and I request that you provide them with the fullest support in the execution of these responsibilities. Questions can be directed to [redacted], Chief, Special Events Program, Office of Operations Coordination, at 202-447-[redacted] or [redacted]@hq.dhs.gov.

Attachments:
A. Federal Coordinator Roles and Responsibilities
B. Biography of [redacted]
C. Biography of
D. Biography of

Distribution:

All Department of Homeland Security Components
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Nuclear Regulatory Commission
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Office of the Director of National Intelligence

U.S. Department of Homeland Security
Office of Operations Coordination
Federal Coordinator Roles and Responsibilities

Appointed by the Secretary of Homeland Security, the Federal Coordinator (FC) serves as the Secretary's representative locally and is the primary, although not exclusive, federal point of contact for facilitating coordinated federal planning and support for designated special events. The FC may be supported by the appointment of a Deputy Federal Coordinator (DFC) and Alternate Deputy Federal Coordinator (ADFC), thus comprising a Federal Coordination Team (FCT). The FC will be appointed from a U.S. Department of Homeland Security (DHS) Component, and will be a federal executive from the event's district, whenever possible. If appointed, the DFC and ADFC will assist the FC and serve as successors if the appointed FC becomes unable to execute his mission.

Although there may be various levels of federal involvement, most special events are under the jurisdiction of state and local governments. The appointed FC is responsible for facilitating coordination of federal support with federal, state, and local government officials, and private sector event planners.

Specific FC responsibilities:

- Liaise and consult with state and local authorities on their event security and response plans.
- Ensure appropriate and coordinated federal support in response to federal-to-federal, state, and local requests for assistance.
- Maintain situational awareness of the event throughout the planning and execution phases and provide periodic updates to the Department.
- Contribute information on participating federal missions to the document known as the Integrated Federal Support Overview (IFSO).
- Act in an advisory capacity to local Incident Commanders in the event of an incident.
- Coordinate any public affairs or media inquiries with the Department's Office of Public Affairs through the National Operations Center (NOC).
- Participate in After Action Report processes conducted for the event.

The FC does not impede or affect the authorities of other federal officials to coordinate directly with their department or agency chains of command or to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, the FC does not direct or replace the local incident command structure. In the event of an incident, the FC will be on hand to coordinate any initial requests by the local Incident Commander for federal support and assistance. If the incident is serious enough to result in a Presidential Emergency or Major Disaster Declaration and the establishment of a Joint Field Office, the appointed Federal Emergency Management Agency (FEMA) Federal Coordinating Officer will coordinate the provision of federal assistance in accordance with the declaration and applicable laws, regulations, and agreements, and the FC will continue to serve as an advisor to the Unified Coordination Group operating within the declaration.

With the appointment of a FC, the Secretary of Homeland Security asks federal, state, and local agencies to cooperate and assist the FC in ensuring that an effective and efficient federal partnership results in an appropriate level of support for the event.

For further information contact: (b)(6); (b)(7)(C) @HQ.DHS.GOV; 202-282-(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Special Agent in Charge
Las Vegas Field Office
United States Secret Service

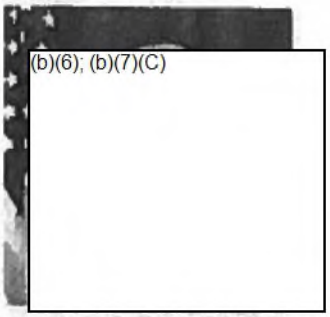
(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) native of Springfield, Massachusetts, serves as the Special Agent in Charge of the U.S. Secret Service (USSS), Las Vegas Field Office. In this management position, his responsibilities include overseeing the office's day to day investigative, administrative, and protective operations, to include the Reno Resident Office. He most recently served as the Coordinator for the 2016 Presidential Debate at the University of Nevada, Las Vegas.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Federal Security Director
State of Nevada, Region 6
Transportation Security Administration



(b)(6); (b)(7)(C) serves as the Federal Security Director (FSD) at Las Vegas McCarran International Airport (LAS). She previously served as the Federal Security Director (FSD) at Washington Dulles International Airport (IAD) and Reagan National Airport (DCA). During her career with the Transportation Security Administration (TSA), she also served as the Regional Director for Region 3, Region 4 and Region 5.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Field Office Director
Salt Lake City Field Office
U.S. Immigration and Customs Enforcement

(b)(6); (b)(7)(C) was named the Field Office Director for the Salt Lake City Field Office (SLC) on February 19, 2017. SLC encompasses the States of Utah, Nevada, Idaho, and Montana, with the main field office located in Salt Lake City, Utah. SLC has eleven sub-offices throughout the four state region.

(b)(6); (b)(7)(C)

VAExecSec

From: VAExecSec
Sent: Thursday, August 15, 2019 1:03 PM
To: (b)(6)
Subject: FW: DHS Memo - Appointment of a Federal Coordination Team for San Francisco New Year's Eve
Attachments: 19-3498 For Distribution - FCT Appointment Memo SF NYE + Atts 08.15.19.pdf

Should I assigned as FYI to 007?

From: (b)(6); (b)(7)(C) @hq.dhs.gov>
Sent: Thursday, August 15, 2019 11:30 AM
To: eWash-WHSR@nsc.eop.gov; 'DOIExecSec@ios.doi.gov'; 'DOTExecSec@dot.gov'; 'DOJExecSec@usdoj.gov'; 'DOCExecSec@doc.gov'; 'USDAExecSec@usda.gov'; 'ExecSecDOL@dol.gov'; 'ES.Central@hq.doe.gov'; EDExecSec@ed.gov; 'VAExecSec@va.gov'; 'HHSExecSec@hhs.gov'; 'DNI-Executive-Secretariat@dni.gov'; 'EPAExecSec@epa.gov'; 'OMBExecSec@omb.eop.gov'; whs.pentagon.esd.mbx.cmd-correspondence@mail.mil; TREASExecSec@do.treas.gov; FBIExecSec@ic.fbi.gov; dosexecsec@state.gov
Cc: ESEC-Internal Liaison <ESEC-InternalLiaison@hq.dhs.gov>; OPS Exec Sec <OpsExecSec@HQ.DHS.GOV>
Subject: [EXTERNAL] DHS Memo - Appointment of a Federal Coordination Team for San Francisco New Year's Eve

Good morning all,

Attached please find a memo from the Acting Secretary of Homeland Security regarding the Appointment of a Federal Coordination Team for San Francisco's New Year's Eve. This is being forwarded for your situational awareness.

Best,

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)
Office of the Executive Secretary
U.S. Department of Homeland Security
202-282(b)(6);
(b)(6); (b)(7)(C) @hq.dhs.gov

1184248 / 19-3498

Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Homeland Security

August 13, 2019

MEMORANDUM FOR: DISTRIBUTION

FROM: Kevin K. McAleenan
Acting Secretary

SUBJECT: Appointment of a Federal Coordination Team for the San Francisco New Year's Eve

The San Francisco New Year's Eve, a Special Event Assessment Rating level 2 event, is scheduled to take place in San Francisco, California on or about December 31, 2019, and will be a widely-attended, high-profile special event that will require significant coordination among federal, state, and local authorities.

I have appointed two members of the local federal community from the Department of Homeland Security to serve as Federal Coordinator and Deputy Federal Coordinator to coordinate federal support efforts for this event. Thomas Edwards, Special Agent in Charge, San Francisco Field Office, United States Secret Service, will serve as Federal Coordinator. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Supervisory Air Marshal in Charge, San Francisco Field Office, Transportation Security Administration, will serve as Deputy Federal Coordinator. Their appointments will remain in effect through the event's conclusion.

The two appointees comprise the Federal Coordination Team for this event and will serve not only as my local representatives, but also as the primary, although not exclusive, federal points of contact for facilitating coordinated federal support for the San Francisco New Year's Eve. The Federal Coordination Team will not impede or affect the authority of other federal officials to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, they will not direct or replace the local incident command structure. I am confident that the Federal Coordination Team will provide the leadership necessary for this event, and I request that you provide them with the fullest support in the execution of these responsibilities. Questions can be directed to (b)(6); (b)(7)(C), Chief, Special Events Program, Office of Operations Coordination, at 202-447-(b)(6); (b)(7)(C) or (b)(6); (b)(7)(C)@hq.dhs.gov.

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C. Biography of (b)(6); (b)(7)(C)

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U.S. Department of Homeland Security
Office of Operations Coordination
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- Coordinate any public affairs or media inquiries with the Department's Office of Public Affairs through the National Operations Center (NOC).
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With the appointment of a FC, the Secretary of Homeland Security asks federal, state, and local agencies to cooperate and assist the FC in ensuring that an effective and efficient federal partnership results in an appropriate level of support for the event.

For further information contact: (b)(6); (b)(7)(C) @HQ.DHS.GOV; 202-282 (b)(6); (b)(7)(C)

Thomas Edwards
Special Agent in Charge
United States Secret Service

Thomas Edwards was appointed to the Senior Executive Service in the position of Special Agent in Charge of the San Francisco Field Office in November 2018. He oversees the office's investigative and protective missions in Northern California.

Mr. Edwards previously served as the Special Agent in Charge of the Office of Congressional Affairs in Washington, District of Columbia. In this role, he was responsible for communicating and justifying the agency's legislative priorities to Congress, including annual budget requests, and new protective and investigative authorities. He was instrumental in passing legislation to formalize the U.S. Secret Service's National Computer Forensics Institute (NCFI) in Hoover, Alabama, which equips and trains state and local law enforcement personnel with the latest technology to conduct cyber and electronic crime investigations and forensic examinations.

Mr. Edwards started his 19-year career as a Special Agent assigned to the San Diego Field Office. Throughout his law enforcement career, he has served in a variety of management level positions including Assistant to the Special Agent in Charge of the Protective Intelligence Division; Assistant Special Agent in Charge, Office of Strategic Intelligence and Information; and Resident Agent in Charge of the Austin, Texas Resident Office. He was also a congressional detailee to the U.S. Senate Committee on the Judiciary, where he managed a legislative portfolio of law enforcement legislation regarding data breaches, currency counterfeiting, mortgage fraud, and the USA Patriot Act. He holds a Bachelor of Arts degree from the University of California, San Diego.

(b)(6); (b)(7)(C)

Supervisory Air Marshal in Charge
Transportation Security Administration

Ms. (b)(6); (b)(7)(C) the Supervisory Air Marshal in Charge (SAC) of the Law Enforcement (LE)/Federal Air Marshal Service (FAMS) San Francisco Field Office (SFO) where she manages the daily field operations for a staff of 95 credentialed law enforcement officers and four support personnel. She also maintains internal and external relationships within her area of responsibility, which includes the eighth largest and seventh busiest Category X airport, three Category I airports, multiple critical infrastructure components, and spans a geographical area encompassing more than 350 miles.

(b)(6); (b)(7)(C)

VAExecSec

From: White House Document Tracking <FN-WHO-DocumentTrackingUnit@who.eop.gov>
Sent: Thursday, August 15, 2019 1:57 PM
To: VAExecSec
Cc: (b)(6)
Subject: [EXTERNAL] RE: PR-049093-(b)(6) - May 20 19

Follow Up Flag: Follow up
Flag Status: Completed

Received, thank you! We will proceed accordingly.

(b)(6); (b)(7)(C)
White House Office of Records Management
Supervisor, Document Tracking Unit
(202) 456-(b)(6); (b)(7)(

From: VAExecSec <VAExecSec@va.gov>
Sent: Thursday, August 15, 2019 1:17 PM
To: White House Document Tracking <FN-WHO-DocumentTrackingUnit@who.eop.gov>
Cc: (b)(6) @va.gov>; (b)(6) va.gov>
Subject: RE: PR-049093-(b)(6) - May 20 19

Good Afternoon:

We are referring this back to the White House to be answered by the staff who met with the organization's founder. While VA does work together with Veterans Village to serve homeless Veterans, it is not a VA program.

Please confirm receipt of message.

Thank you

(b)(6)
Program Specialist
202-461-(b)(6)

From: White House Document Tracking <FN-WHO-DocumentTrackingUnit@who.eop.gov>
Sent: Thursday, July 18, 2019 12:38 PM
To: VAExecSec <VAExecSec@va.gov>; Execsec@hud.gov; (b)(6); (b)(7)(C) EOP/WHO (b)(6); (b)(7)(C) who.eop.gov>
Subject: [EXTERNAL] PR-049093-(b)(6) - May 20 19

THE WHITE HOUSE
OFFICE OF RECORDS MANAGEMENT
DOCUMENT MANAGEMENT AND TRACKING UNIT

Please see attached More Important (MI) letter addressed to the President.

To: **Department of Veteran Affairs**
Action Requested: **Appropriate Action**

To: **Department of Housing and Urban Development**
Action Requested: **For Your Information/No Action Necessary**

To: **Office of Domestic Policy Council**
Attn: (b)(6); (b)(7)(C)
Action Requested: **For Your Information/No Action Necessary**

**Please send a copy of your agency's response, or indicate if a transfer is requested, or indicate if no action is taken by your agency, to the Document Management and Tracking Unit mailbox. If more information is needed, please call (202) 456 (b)(6);

VAExecSec

From: AllAgencyHeads <ALLAGENCYHEADS@LISTSERV.OPM.GOV> on behalf of OPMExecSec <OPMExecSec@OPM.GOV>
Sent: Thursday, August 15, 2019 3:21 PM
To: ALLAGENCYHEADS@LISTSERV.OPM.GOV
Subject: [EXTERNAL] OPM Memo: Modified Agency-Specific Senior Executive Service (SES) Qualifications Review Board (QRB) Moratorium during Agency Head Transitions

Good afternoon:

Today OPM issued a memorandum titled, "Modified Agency-Specific Senior Executive Service (SES) Qualifications Review Board (QRB) Moratorium during Agency Head Transitions." A 508-conformant version of this memorandum is available online for the benefit of readers with disabilities at: https://www.chcoc.gov/content/modified-agency-specific-senior-executive-service-ses-qualifications-review-board-qrb
If you have any follow up questions, please email Laura.Lynch@opm.gov<mailto:Laura.Lynch@opm.gov> or call (202) 606-8046.

(b)(6)
Deputy Executive Secretary, Office of the Director U.S. Office of Personnel Management
202-606-(b)(6)

Modified Agency-Specific Senior Executive Service (SES) Qualifications Review Board (QRB) Moratorium during Agency Head Transitions

Thursday, August 15, 2019

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

The Director

MEMORANDUM FOR:
AGENCY HEADS AND CHIEF HUMAN CAPITAL OFFICERS

From: MARGARET M. WEICHERT, ACTING DIRECTOR

Subject:

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Modified Agency-Specific Senior Executive Service (SES) Qualifications Review Board (QRB) Moratorium during Agency Head Transitions

I am pleased to announce changes to the existing policy for placing a Senior Executive Service (SES) Qualifications Review Board (QRB) moratorium on an agency. In accordance with its authority under 5 U.S.C. 3393(c) and 3397, and its regulation at 5 CFR 317.502(d), the U.S. Office of Personnel Management (OPM) will continue to accept and process new agency QRB cases when an agency head departs, announces his or her departure, or when the President announces the nomination of a new agency head, in certain circumstances. Effective immediately, placement of agency-specific QRB moratoriums will depend upon the means by which the individual serving as the acting agency head received that designation —

- When an acting agency head was serving under a Presidential Appointment (with or without Senate confirmation), immediately preceding the designation, the agency is not placed on a QRB moratorium.
- Bi-Partisan Boards and Commissions, and agencies that have acting agency heads that are not currently serving on a Presidential Appointment, may request a blanket exception to the moratorium, which OPM will consider on a case-by-case basis.

In circumstances where an agency blanket exception is not approved, agencies will still be able to request exceptions for specific positions, using the previous process.

The Governmentwide QRB moratorium issued when there is a change in Administration will continue to be followed to provide the incoming Administration some ability to determine its executive leadership.

As agencies may already process noncompetitive SES selections (e.g., reassignments, transfers, etc.), the modified SES QRB moratorium provides them with similar latitude as to merit staffing selection, in accordance with applicable regulations. This will also reduce burden to agencies and their SES time-to-hire, and create a more efficient process for agencies to respond to critical and exigent needs. OPM will adjust its published guidance accordingly.

Please direct any questions or requests to: Laura Lynch, Deputy Associate Director, Senior Executive Services and Performance Management, at **Laura.Lynch@opm.gov** or (202) 606-8046, or to Tommy Hwang, Manager, Senior Executive Resources Services, at **Tommy.Hwang@opm.gov** or (202) 606-4097.

cc: Deputy Chief Human Capital Officers, Human Resources Directors, and the Council of the Inspectors General on Integrity and Efficiency

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Recent Transmittals

Information Request for Human Resources Management Competency Model

From::
MARK D. REINHOLD, ASSOCIATE DIRECTOR, EMPLOYEE SERVICES
Thu, 07/25/2019

Launch of the Revitalized Delegated Examining Certification Program

From::
MARGARET M. WEICHERT, ACTING DIRECTOR
Wed, 07/24/2019

Work-Life Program Evaluation Guide - Evidence-Based Strategies to Capture the Benefits and Costs

From::
MARK D. REINHOLD, ASSOCIATE DIRECTOR, EMPLOYEE SERVICES
Tue, 07/16/2019

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VAExecSec

From: VAExecSec
Sent: Friday, August 16, 2019 8:54 AM
To: (b)(6)
Cc:
Subject: FW: [EXTERNAL] OPM Memo: Modified Agency-Specific Senior Executive Service (SES) Qualifications Review Board (QRB) Moratorium during Agency Head Transitions
Attachments: Modified Agency-Specific Senior Executive Service (SES) Qualifications Revie.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Good Morning (b)(6)

We are forwarding this to 006 for appropriate action if necessary.
(001B) will let your office upload in VIEWS for distribution or any action needed.

Thanks

-----Original Message-----
From: AllAgencyHeads <ALLAGENCYHEADS@LISTSERV.OPM.GOV> On Behalf Of OPMExecSec
Sent: Thursday, August 15, 2019 3:21 PM
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(b)(6)
Deputy Executive Secretary, Office of the Director U.S. Office of Personnel Management
202-606 (b)(6)

Modified Agency-Specific Senior Executive Service (SES) Qualifications Review Board (QRB) Moratorium during Agency Head Transitions

Thursday, August 15, 2019

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

The Director

MEMORANDUM FOR:
AGENCY HEADS AND CHIEF HUMAN CAPITAL OFFICERS

From: MARGARET M. WEICHERT, ACTING DIRECTOR

Subject:

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To: (b)(6)
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Subject: FW: DHS Memo - Appointment of a Federal Coordination Team for San Francisco New Year's Eve
Attachments: 19-3498 For Distribution - FCT Appointment Memo SF NYE + Atts 08.15.19.pdf

Good Morning:

Please see attached for FYI or distribution if necessary.

Thanks
(b)(6)
461 (b)(6)

From: (b)(6); (b)(7)(C) @hq.dhs.gov>
Sent: Thursday, August 15, 2019 11:30 AM
To: eWash-WHSR@nsc.eop.gov; 'DOIExecSec@ios.doi.gov'; 'DOTExecSec@dot.gov'; 'DOJExecSec@usdoj.gov'; 'DOCExecSec@doc.gov'; 'USDAExecSec@usda.gov'; 'ExecSecDOL@dol.gov'; 'ES.Central@hq.doe.gov'; EDExecSec@ed.gov; 'VAExecSec@va.gov'; 'HHSExecSec@hhs.gov'; 'DNI-Executive-Secretariat@dni.gov'; 'EPAExecSec@epa.gov'; 'OMBExecSec@omb.eop.gov'; whs.pentagon.esd.mbx.cmd-correspondence@mail.mil; TREASExecSec@do.treas.gov; FBIExecSec@ic.fbi.gov; dosexecsec@state.gov
Cc: ESEC-Internal Liaison <ESEC-InternalLiaison@hq.dhs.gov>; OPS Exec Sec <OpsExecSec@HQ.DHS.GOV>
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U.S. Department of Homeland Security
202-282 (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @hq.dhs.gov

1184248 / 19-3498

Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Homeland Security

August 13, 2019

MEMORANDUM FOR: DISTRIBUTION

FROM: Kevin K. McAleenan
Acting Secretary

SUBJECT: Appointment of a Federal Coordination Team for the San Francisco New Year's Eve

The San Francisco New Year's Eve, a Special Event Assessment Rating level 2 event, is scheduled to take place in San Francisco, California on or about December 31, 2019, and will be a widely-attended, high-profile special event that will require significant coordination among federal, state, and local authorities.

I have appointed two members of the local federal community from the Department of Homeland Security to serve as Federal Coordinator and Deputy Federal Coordinator to coordinate federal support efforts for this event. Thomas Edwards, Special Agent in Charge, San Francisco Field Office, United States Secret Service, will serve as Federal Coordinator. (b)(6); (b)(7)(C) Supervisory Air Marshal in Charge, San Francisco Field Office, Transportation Security Administration, will serve as Deputy Federal Coordinator. Their appointments will remain in effect through the event's conclusion.

The two appointees comprise the Federal Coordination Team for this event and will serve not only as my local representatives, but also as the primary, although not exclusive, federal points of contact for facilitating coordinated federal support for the San Francisco New Year's Eve. The Federal Coordination Team will not impede or affect the authority of other federal officials to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, they will not direct or replace the local incident command structure. I am confident that the Federal Coordination Team will provide the leadership necessary for this event, and I request that you provide them with the fullest support in the execution of these responsibilities. Questions can be directed to (b)(6); (b)(7)(C) Chief, Special Events Program, Office of Operations Coordination, at 202-447-(b)(6); (b)(7)(C) or (b)(6); (b)(7)(C) @hq.dhs.gov.

Attachments:
A. Federal Coordinator Roles and Responsibilities
B. Biography of Thomas Edwards
C. Biography of (b)(6); (b)(7)(C)

Distribution:

All Department of Homeland Security Components
Executive Office of the President
Department of State
Department of the Treasury
Department of Defense
Department of Justice
Department of the Interior
Department of Agriculture
Department of Commerce
Department of Labor
Department of Health and Human Services
Department of Housing and Urban Development
Department of Transportation
Department of Energy
Department of Education
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General Services Administration
Office of Management and Budget
Environmental Protection Agency
Nuclear Regulatory Commission
Homeland Security Council
Office of the Director of National Intelligence

U.S. Department of Homeland Security
Office of Operations Coordination
Federal Coordinator Roles and Responsibilities

Appointed by the Secretary of Homeland Security, the Federal Coordinator (FC) serves as the Secretary's representative locally and is the primary, although not exclusive, federal point of contact for facilitating coordinated federal planning and support for designated special events. The FC may be supported by the appointment of a Deputy Federal Coordinator (DFC) and Alternate Deputy Federal Coordinator (ADFC), thus comprising a Federal Coordination Team (FCT). The FC will be appointed from a U.S. Department of Homeland Security (DHS) Component, and will be a federal executive from the event's district, whenever possible. If appointed, the DFC and ADFC will assist the FC and serve as successors if the appointed FC becomes unable to execute his mission.

Although there may be various levels of federal involvement, most special events are under the jurisdiction of state and local governments. The appointed FC is responsible for facilitating coordination of federal support with federal, state, and local government officials, and private sector event planners.

Specific FC responsibilities:

- Liaise and consult with state and local authorities on their event security and response plans.
- Ensure appropriate and coordinated federal support in response to federal-to-federal, state, and local requests for assistance.
- Maintain situational awareness of the event throughout the planning and execution phases and provide periodic updates to the Department.
- Contribute information on participating federal missions to the document known as the Integrated Federal Support Overview (IFSO).
- Act in an advisory capacity to local Incident Commanders in the event of an incident.
- Coordinate any public affairs or media inquiries with the Department's Office of Public Affairs through the National Operations Center (NOC).
- Participate in After Action Report processes conducted for the event.

The FC does not impede or affect the authorities of other federal officials to coordinate directly with their department or agency chains of command or to execute their duties and responsibilities under applicable laws, orders, or directives. Moreover, the FC does not direct or replace the local incident command structure. In the event of an incident, the FC will be on hand to coordinate any initial requests by the local Incident Commander for federal support and assistance. If the incident is serious enough to result in a Presidential Emergency or Major Disaster Declaration and the establishment of a Joint Field Office, the appointed Federal Emergency Management Agency (FEMA) Federal Coordinating Officer will coordinate the provision of federal assistance in accordance with the declaration and applicable laws, regulations, and agreements, and the FC will continue to serve as an advisor to the Unified Coordination Group operating within the declaration.

With the appointment of a FC, the Secretary of Homeland Security asks federal, state, and local agencies to cooperate and assist the FC in ensuring that an effective and efficient federal partnership results in an appropriate level of support for the event.

For further information contact: (b)(6) @HQ.DHS.GOV; 202-282- (b)(6); (b)(7)(C)

Thomas Edwards
Special Agent in Charge
United States Secret Service

Thomas Edwards was appointed to the Senior Executive Service in the position of Special Agent in Charge of the San Francisco Field Office in November 2018. He oversees the office's investigative and protective missions in Northern California.

Mr. Edwards previously served as the Special Agent in Charge of the Office of Congressional Affairs in Washington, District of Columbia. In this role, he was responsible for communicating and justifying the agency's legislative priorities to Congress, including annual budget requests, and new protective and investigative authorities. He was instrumental in passing legislation to formalize the U.S. Secret Service's National Computer Forensics Institute (NCFI) in Hoover, Alabama, which equips and trains state and local law enforcement personnel with the latest technology to conduct cyber and electronic crime investigations and forensic examinations.

Mr. Edwards started his 19-year career as a Special Agent assigned to the San Diego Field Office. Throughout his law enforcement career, he has served in a variety of management level positions including Assistant to the Special Agent in Charge of the Protective Intelligence Division; Assistant Special Agent in Charge, Office of Strategic Intelligence and Information; and Resident Agent in Charge of the Austin, Texas Resident Office. He was also a congressional detailee to the U.S. Senate Committee on the Judiciary, where he managed a legislative portfolio of law enforcement legislation regarding data breaches, currency counterfeiting, mortgage fraud, and the USA Patriot Act. He holds a Bachelor of Arts degree from the University of California, San Diego.

(b)(6); (b)(7)(C)

Supervisory Air Marshal in Charge
Transportation Security Administration

Ms. (b)(6); (b)(7)(C) is the Supervisory Air Marshal in Charge (SAC) of the Law Enforcement (LE)/Federal Air Marshal Service (FAMS) San Francisco Field Office (SFO) where she manages the daily field operations for a staff of 95 credentialed law enforcement officers and four support personnel. She also maintains internal and external relationships within her area of responsibility, which includes the eighth largest and seventh busiest Category X airport, three Category I airports, multiple critical infrastructure components, and spans a geographical area encompassing more than 350 miles.

(b)(6); (b)(7)(C)

VAExecSec

From: VAExecSec
Sent: Friday, August 16, 2019 12:25 PM
To: FN-WHO-Document Tracking Unit; VAExecSec; DOJexecsec@usdoj.gov
Cc: (b)(6)
Subject: RE: PR-043111 - Rep. Robert Aderholt - Mar 06 19
Attachments: PR-043111 - (b)(6) congrresp-Aderholt.pdf

Importance: High

Good Afternoon,

Final response attached. Please confirm receipt of this message.

Thank you,

(b)(6)

(b)(6)

Staff Assistant
U.S. Department of Veterans Affairs
Office of the Executive Secretary
202.46(b)(6)7

From: FN-WHO-Document Tracking Unit <FN-WHO-DocumentTrackingUnit@who.eop.gov>
Sent: Wednesday, July 10, 2019 2:28 PM
To: VAExecSec <VAExecSec@va.gov>; DOJexecsec@usdoj.gov
Subject: [EXTERNAL] PR-043111 - Rep. Robert Aderholt - Mar 06 19

THE WHITE HOUSE
OFFICE OF RECORDS MANAGEMENT
DOCUMENT MANAGEMENT AND TRACKING UNIT

Please see attached letter addressed to the President from Congressional Member(s).

To: Department of Veterans Affairs
Action Requested: Appropriate Action

To: Department of Justice
Action Requested: Appropriate Action

**Please send a copy of your agency's response, or indicate if a transfer is requested, or indicate if no action is taken by your agency, to the Document Management and Tracking Unit mailbox. If more information is needed, please call (202) 456-(b)(6); (b)(7)(C)

DEPARTMENT OF VETERANS AFFAIRS
Board of Veterans' Appeals
Washington, DC

JUL 3 1 2019

In Reply Refer To: 014CLB1475
XSS 4(b)(6)
(b)(6)

The Honorable Robert B. Aderholt
Member, United States
House of Representatives
1710 Alabama Avenue, Room 247
Jasper, AL 35501

Dear Congressman Aderholt:

The Secretary asked me to reply to your correspondence of July 10, 2019, which was received at the Board of Veterans' Appeals (Board) on July 12, 2019, concerning Ms. (b)(6) Your correspondence has been associated with the file.

I note Ms (b)(6) s concerns regarding obtaining answers in regard to her claims. In addition to providing your office with an update by letter dated March 5, 2019, the Board also directly sent Ms. (b)(6) a separate letter regarding the status of her case. For your convenience, I am enclosing a copy of that letter.

Subsequently, on July 31, 2019, the Board wrote to Ms. (b)(6) egarding her most-recent, July 10, 2019, Motion for Equitable Relief, in which the Board advised that it would not be initiating a recommendation of equitable relief to the Office of General Counsel. I am enclosing a copy of the Board's July 31, 2019, letter, as well as the Board's June 3, 2019, letter regarding the prior Motion for Equitable Relief, which both outline in detail the reason why the Board is not initiating a recommendation to the Secretary for equitable relief in this case. On June 7, 2019, Ms. (b)(6) contacted VA regarding the Board June 3, 2019, letter indicating that the Board does not have the authority to deny her Motion, and on July 10, 2019, she filed an additional Motion for Equitable Relief. Further, on June 9, 2019, the Board received correspondence from Ms. (b)(6) in which she requests reconsideration of the Board's denial of her Motion for Equitable Relief. Please note, Motions for Reconsideration must set forth the date of a Board decision to be considered; here, the Board did not issue any decision on the merits of Ms. (b)(6) ppeal, rather the Board declined to initiate a recommendation for equitable relief to the Secretary in response to the Motions for Equitable Relief. *See* 38 C.F.R. §20.1002(a).

In addition, Ms. (b)(6) also had a recent ruling on her Motion for Reconsideration, which was received at the Board on February 13, 2019. After a careful review, on June 4, 2019, the Board denied her Motion for Reconsideration of the Board's decision of July 21, 2014. Our database reflects that Ms. (b)(6) has filed another Motion for Reconsideration of the Board's July 21, 2014, decision, which was dated June 13, 2019, and was received at the Board on the same date. The Motion is awaiting review by one of the Board's Deputy Vice Chairmen. We will notify Ms. (b)(6) when we have completed our review of her Motion.

The Honorable Robert B. Aderholt

(b)(6), XSS (b)(6)

Lastly, Ms. (b)(6) has filed Motions for Revision on Grounds of Clear and Unmistakable Error (CUE) of the Board's July 21, 2014, decision, which was also the subject of her Motion for Reconsideration. The Motion is awaiting review. The CUE Motion cannot be reviewed and adjudicated until the Board's July 21, 2014, decision becomes final. That decision cannot become final while any Motions for Reconsideration are pending.

Please note, the motion to advance Ms. (b)(6) s CUE case on the Board's docket was received at the Board, and has been forwarded for consideration of advancement on the Board's docket under 38 C.F.R. §20.900(c). When a ruling has been made, a copy of the ruling will be sent to Ms (b)(6)

I appreciate your interest in Ms. (b)(6) s case and will ensure that you receive a copy of any decision issued by the Board in her outstanding Motions. If Ms. (b)(6) would like to obtain a status update on her appeal, she may log in to www.va.gov/claim-or-appeal-status/, or contact the Board's Status Line at 1-800-827-1000. Please let me know if I can be of any further assistance.

Sincerely,

Cheryl L. Mason
Chairman
Board of Veterans' Appeals

VAExecSec

From: White House Document Tracking <FN-WHO-DocumentTrackingUnit@who.eop.gov>
Sent: Friday, August 16, 2019 12:31 PM
To: VAExecSec
Cc: (b)(6)
Subject: [EXTERNAL] RE: PR-043111 - Rep. Robert Aderholt - Mar 06 19

Follow Up Flag: Follow up
Flag Status: Completed

Received, will update our records. Thank you!

From: VAExecSec <VAExecSec@va.gov>
Sent: Friday, August 16, 2019 12:25 PM
To: White House Document Tracking <FN-WHO-DocumentTrackingUnit@who.eop.gov>; VAExecSec <VAExecSec@va.gov>; DOJexecsec@usdoj.gov
Cc: (b)(6) @va.gov>
Subject: RE: PR-043111 - Rep. Robert Aderholt - Mar 06 19
Importance: High

Good Afternoon,

Final response attached. Please confirm receipt of this message.

Thank you,

(b)(6)

(b)(6)
Staff Assistant
U.S. Department of Veterans Affairs
Office of the Executive Secretary
202.461.(b)(6)

From: FN-WHO-Document Tracking Unit <FN-WHO-DocumentTrackingUnit@who.eop.gov>
Sent: Wednesday, July 10, 2019 2:28 PM
To: VAExecSec <VAExecSec@va.gov>; DOJexecsec@usdoj.gov
Subject: [EXTERNAL] PR-043111 - Rep. Robert Aderholt - Mar 06 19

THE WHITE HOUSE
OFFICE OF RECORDS MANAGEMENT
DOCUMENT MANAGEMENT AND TRACKING UNIT

Please see attached letter addressed to the President from Congressional Member(s).

To: Department of Veterans Affairs
Action Requested: Appropriate Action

To: Department of Justice
Action Requested: Appropriate Action

****Please send a copy of your agency's response, or indicate if a transfer is requested, or indicate if no action is taken by your agency, to the Document Management and Tracking Unit mailbox. If more information is needed, please call (202) 45(** (b)(6); (b)(7)(C)

VAExecSec

From: VAExecSec
Sent: Monday, August 19, 2019 2:51 PM
To: (b)(6)
Cc:
Subject: FW: For review by 8/21: Report to Congress on National HIV Testing Goals
Attachments: R2 HIV Reporting RTC - CDC rewrite - clean (1).docx

Should I assign this one to VHA (b)(6)

From: (b)(6) HHS/IOS) <(b)(6) @hhs.gov>
Sent: Wednesday, August 14, 2019 3:00 PM
To: VAExecSec <VAExecSec@va.gov>; DOJExecSec (JMD) <DOJExecSec@usdoj.gov>
Subject: [EXTERNAL] For review by 8/21: Report to Congress on National HIV Testing Goals

Good afternoon –

Please find attached for VA and DOJ review/information the attached *draft* Report to Congress on National HIV Testing Goals, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009. CDC prepared this report to Congress in cooperation with other agencies in the Department of Health and Human Services, the Department of Justice, and the Department of Veterans Affairs. HHS is now finalizing the internal clearance of this report, and wanted to make sure that VA and DOJ/Federal Bureau of Prisons have a chance to review the report for accuracy regarding language and data specific to VA and DOJ.

Can you please let me know if you have any edits by COB next Wednesday 8/21? I will plan to move forward with the report at that time.

Thank you!

(b)(6)

(b)(6)
Policy Coordinator
Immediate Office of the Secretary, Executive Secretariat
U.S. Department of Health & Human Services
Room 629H, Humphrey Building
Phone: 202-690-(b)(6)

Department of Health and Human Services

Centers for Disease Control and Prevention

Report to Congress

Regarding

National HIV Testing Goal

Robert R. Redfield, MD

Director

Centers for Disease Control and Prevention

Department of Health and Human Services

DATE 2019

Executive Summary

In 2009, as part of the Ryan White HIV/AIDS Treatment Extension Act, Congress directed the Secretary of the Department of Health and Human Services (HHS) to establish an annual HIV testing goal of 5,000,000 tests for federally supported HIV and AIDS prevention, treatment, and care programs. This report includes data from HHS agencies, the Department of Veterans Affairs, and the Federal Bureau of Prisons. In 2016[1], the federal agencies contributing to this report surpassed the national HIV testing goal by conducting 7,069,742 tests.

While federal agencies reported a number of barriers to achieving optimal HIV testing and linkage or referral to care rates, those barriers did not preclude agencies' successful attainment of the national HIV testing goal. Instead, these barriers placed limits on the extent to which agencies could exceed the testing goal and fully measure their progress toward reaching the goal. Federal agencies are actively taking steps to remove or mitigate these barriers to succeed in achieving optimal levels of HIV testing, referrals, and linkage to care.

Using published estimates of the cost of conducting an HIV test in health care and non-health care settings, as well as data from contributing federal agencies, the Centers for Disease Control and Prevention (CDC) estimates the cost of reaching the annual goal of conducting five million HIV tests at approximately $1.24 billion in 2017 U.S. dollars. Importantly, in its review of the published literature on the cost-effectiveness of HIV testing, CDC continues to find strong evidence that not only is HIV testing cost-effective (i.e., testing benefits outweigh testing costs), but it also may be cost-saving (i.e., testing benefits, such as earlier linkage to treatment, even considering the costs, actually save money).

[1] The last report was submitted in 2013 and included 2012 data. This report includes data from 2013 through 2016. 2016 data is under-reported as certain agencies have a delay in data collection. The actual number of tests conducted is therefore higher than the 7 million figure that is reported.

The HHS Secretary is dedicated to ensuring that federal agencies continue to meet and surpass the national HIV testing goal every year.

Purpose

In the Ryan White HIV/AIDS Treatment Extension Act of 2009, Congress added the following requirement:

"*a) IN GENERAL.—Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention*"

"(b) ANNUAL REPORT.—Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period--

'(1) whether the testing goal described in subsection (a) has been met;

'(2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

'(3) the number of individuals who--

'(A) prior to such 12-month period, were unaware of their HIV status; and

'(B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

'(4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

'(5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

'(6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns." (Public Law 111-87, Section 2688).

The following report has been prepared by the Departments of Health and Human Services (HHS) and Veterans Affairs (VA) in response to these requirements.

Background

The Centers for Disease Control and Prevention (CDC) estimates that in the United States more than 1.1 million adults and adolescents are living with HIV[2] and approximately over 38,000 people receive a diagnosis of HIV each year (CDC, 2017; CDC, 2018). Almost 1 in 7 persons were unaware that they were living with HIV in the year prior to diagnosis (CDC, 2018).

Currently, populations such as gay, bisexual, and other men who have sex with men (MSM), transgender persons, Blacks/African Americans, Hispanics/Latinos, and people who live in the southern United States, are disproportionately affected by HIV. Moreover, many of the populations most affected by HIV are also those most often unaware of their infection (CDC, 2018). In addition, fewer people with HIV in the South are aware of their infection than in any other region (CDC, 2016a). Consequently, fewer people in the South who are living with HIV receive timely medical care or treatment and a disproportionate number are missing out on the opportunity to preserve their health and avoid transmitting HIV to their partners (CDC, 2016b). While annual HIV infections decreased by 8 percent among the US population from 2010 to 2015, progress remains uneven (CDC, 2018). For example, annual infections remained stable among all MSM but increased by 22 percent among 25-34 year old Hispanic/Latino MSM (CDC, 2018).

[2] Persons with HIV (PWH) is the term utilized by the Division of HIV and AIDS Prevention (DHAP) at the CDC.

The U.S. National HIV/AIDS Strategy: Updated to 2020 (NHAS) guided the federal response to the HIV and AIDS trends, including the testing programs and initiatives implemented by the federal organizations contributing to this report (NHAS, 2015). In addition, the updated NHAS reflects advances in HIV testing technologies and changes in federal, state, and local laws and policies that govern HIV testing and improve the accuracy and availability of HIV testing.

HIV testing provides a critical pathway to prevention and treatment services that prolong the lives of persons with HIV and helps stop the spread of HIV in communities across the United States. Persons with undiagnosed HIV, or with HIV diagnosed late in the course of their infection, miss crucial opportunities to seek care that may prolong and improve the quality of their lives. HIV treatment has dramatically improved the health, quality of life, and life expectancy of people with HIV. Research shows that when people know they are infected with HIV, they take steps to prevent transmission to others (Weinhardt LS et al., 1999). People with HIV who take HIV medicine as prescribed and achieve and maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners (Cohen MS, Chen YQ, McCauley M, et al., 2016). Thus, testing provides the crucial first step to maintaining health and preventing transmission.

In recent years, there have been numerous positive advances in both testing technologies and the technologies that promote it (e.g., social media). Advances in testing technology make it possible to more efficiently and effectively determine an individual's HIV status. For example, newer fourth-generation diagnostic tests make it possible to detect HIV soon after infection and at a lower cost. (Chavez et al., 2011; Masciotra et al., 2011). Also, the proliferation and use of social media platforms and new smartphone applications provide new opportunities to reach many persons at risk for acquiring HIV with important HIV prevention information and messages and to promote testing so they know

their status. HIV testing efforts are critical for diagnosing infections and remain a priority for the Federal Government.

Annual National HIV Test Goals for the United States

The annual national HIV testing goal of 5 million tests, established by the HHS Secretary as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, was surpassed in 2013, 2014, 2015, and 2016 (Appendix 1, Tables 1-4). Federally-supported programs contributing to this report conducted 7,069,742 tests[3] in 2016, thereby substantially exceeding the national goal of 5 million tests. From the available data, 37,122 tests were reported to be positive for HIV, yielding a positivity rate (i.e., the number of positive diagnoses divided by the number of individuals tested) of 0.71 percent[4]. Importantly, 26,772[5] of the individuals were referred to care, treatment, and prevention services (Appendix 1, Table 4).

The Department of Veterans Affairs and two HHS agencies—CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA)– are the only federal organizations that provided data distinguishing between the number of persons testing positive for HIV and the number of persons newly diagnosed with HIV through some of their programs. In 2016, these organizations identified 27,949 individuals infected with HIV, roughly half of whom (12,032 or 43 percent) were not previously diagnosed with HIV.[6] These new diagnoses represent nearly one third of all new diagnoses reported in

[3] Testing data were provided by the VA, the Federal Bureau of Prisons, and the following five agencies and one office of HHS: CDC, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Indian Health Service (IHS), and Office of Population Affairs (OPA). The total number of tests in 2016 is under-reported due to a delay in data collection systems.
[4] (Number of Positive Tests/Number of Tests) x 100. Denominator includes only data from agencies or programs that reported both variables used in the calculation. The rate reported here does not include all federally supported HIV prevention, care, and treatment programs because data on the number of positive diagnoses were not available from all programs.
[5] Note that several agencies with large testing volumes (most notably, CDC) measure linkage to care, rather than referrals, and therefore underestimates federal agencies' performance referring persons who tested positive for HIV to medical care and treatment.
[6] These numbers only include data from those programs that were able to collect information on whether a positive test result represented a new diagnosis of HIV.

2016 in the United States. The federal agencies contributing to this report continue to invest in activities that will better position them to improve their performance in detecting newly diagnosed cases.

The HIV testing data reported by the contributing federal organizations are subject to a number of caveats that are discussed in the next section of this report. These organizations recognize the need to take steps to ensure that future data collection systems meet the specific operational needs of their organizations and allow for accurate cross-agency assessments of the federal government's response to national HIV trends.

Limitations to HIV Testing Data

The data presented in this report are subject to limitations related to data collection, data comparability, synthesis, and interpretation. The previous Testing Report to Congress described in detail the limitations found when compiling and analyzing the relevant testing data; many of these limitations remained in 2016.

Data collection continues to be a challenge due to the nature of the health care system and the individual organizations collecting data. Parts of the system are oriented toward documenting outputs (e.g., number of HIV tests) rather than outcomes (e.g., a positive or negative HIV test result) because often billing and reimbursement, not public health, was the primary concern driving their design. Data sharing issues and lags in data reporting contribute to challenges in ensuring data are standardized, accurate, and complete.

Data limitations also stem from cross-agency (and, in many cases, cross-program and cross-grantee) variance in 1) the definitions applied to primary data elements, and 2) the independence of the systems used to manage and generate these data. In particular, two data points, "number of tests" and "number of new positives," exemplify both these limitations and their ramifications for measuring the cumulative impact of federally-funded HIV testing activities. Some agencies reported the total number of HIV

tests[7] conducted, while others reported the number of test events.[8] Similarly, among those agencies that reported the number of persons with HIV newly diagnosed through their programs, some relied entirely on client self-reports of not having a previously diagnosed HIV infection, while others confirmed such reports with HIV surveillance data collected by health departments. Further, because federal agencies do not collect, maintain, or share personally identifiable information (e.g., the names and birthdates of persons who test positive for HIV), matching and avoiding duplication of data across systems at the federal level is not possible.

Barriers to Achieve Optimal Levels of Testing

While the annual testing goal of five million tests was again surpassed in 2016, contributing federal organizations continue to experience barriers to achieving even higher levels of HIV testing and, specifically, identifying persons with undiagnosed HIV. Federal agencies identified barriers encountered by agencies, grantees, and testing providers, including data collection and coordination, funding, staffing, and policies.

- *Data Collection* -- Many agencies, grantees, and providers have challenges collecting and reporting data. These issues are generally related to the following:
    - **Training**: Agencies are challenged by lack of staff knowledge of data management in both storing and analyzing data collected.
    - **Data collection tools and software:** Agency data infrastructure often does not fully support efficient use of Electronic Health Records (EHR).

[7] Preliminary and confirmatory HIV tests were counted independently. Accordingly, when an individual whose preliminary test was positive received a confirmatory test, his or her two tests would both be counted towards the total number of tests reported.

[8] A testing event could include up to three tests for a given individual when these tests were conducted as part of a single testing episode. For example, person who tests positive on a preliminary HIV test and so receives a confirmatory test would be captured as one testing event.

- **Coordinating across large and disperse facilities:** Some agencies have regional facilities that use private sector EHR platforms that are not linked to the public EHR platform.

- *Funding* — For some agencies, limited and uncertain funding challenges their ability to design and implement high-impact HIV prevention strategies.
  - **No base funding:** Some agencies receive no base funding for HIV-related activities and are dependent on annual proposals to Minority HIV/AIDS Fund to support their testing efforts.
- *Staffing* -- High rates of staff turnover for grantees, hiring freezes, and limited access to quality training can delay program implementation and reduce effectiveness of testing activities.
  - **Staff Turnover and New Staff**: Constantly educating and training a high proportion of new staff slows down program implementation.
  - **Hiring Freezes**: Some states implement hiring freezes that even apply to federally granted funds.
- *Laws, Regulations, and Organizational Policies* - Several organizations expressed the need for clarification on various HIV testing policies and regulations.
  - **Limited knowledge of existing regulations:** Some agencies were unaware of what regulations were in place surrounding rapid testing without laboratory technicians.
  - **Difficulty instituting programs given existing laws:** Some grantee programs found it difficult to institute an opt-out testing model as several states require written informed consent for HIV testing.

Cost Estimate to Conduct Five Million Tests

CDC estimated the median cost of reaching the annual goal of conducting 5 million HIV tests was $1.24 billion (range: $0.62B to $1.86B) in 2017. Federal organizations published costs and cost data from

evaluation studies of HIV testing programs. These data vary substantially based on testing settings, testing strategies, testing technologies, inclusion or exclusion of linkage to care, assumptions, and costing methods. Based on the range of cost estimates available in the literature and their relative alignment with the range of figures reported by federal agencies for this report, CDC used a potential median cost of $80 per test in clinical settings and $750 per test ($US 2017) in non-clinical settings to arrive at a cost estimate (Shrestha *et al.* 2008, 2011, 2012). To estimate the lower and upper bounds for the federal funding needed to meet the annual testing goal, CDC then varied the median cost estimates by 50 percent in either direction.

Cost-Effectiveness of HIV Testing

The previous Testing Report to Congress described CDC's systematic review of the cost-effectiveness literature relevant to HIV testing and, where possible, compared the costs and effects of different HIV testing. The literature used several cost-effectiveness measures: cost per quality adjusted life year (QALY) saved, cost per life year (LY) saved, cost per HIV infection averted, and cost per new HIV diagnosis identified. Variation across studies limited CDC's ability to directly compare results across different testing approaches or implementation settings. Additional details can be found on pages 29-37 in the previous report.

The value to the nation of attaining the goal of conducting 5 million HIV tests will, however, far outweigh the initial federal investment needed to meet it. A review of the literature continues to show that voluntary HIV testing is cost-effective, and potentially even cost saving,[9] across a wide range of implementation scenarios and settings (Lin *et al.*, 2016; Hutchinson *et al.*, 2016; Schackman *et al.*, 2015; Farnham *et al.*, 2012; Lucas and Armbruster, 2012; Long *et al.*, 2010; Paltiel *et al.*, 2006; Paltiel *et al.*, 2005; Sanders *et al.*, 2005; Walensky *et al.*, 2005). CDC identified one published study that

[9] "Cost-saving" indicates that the money spent to deliver the service was less than the money saved by avoiding downstream costs (e.g., the lifetime treatment costs associated with those HIV infections that would have otherwise have been acquired).

estimated the return on investment (ROI) associated with CDC's own Expanded Testing Initiative (ETI) to be $1.95 back to the health care system as a whole, for each dollar invested. When disregarding the downstream treatment costs associated with earlier awareness of HIV infection, the ROI rose to $11.43. Since many medical interventions have negative (i.e., less than $1) ROIs (Trogdon *et al.*, 2009), these findings suggest that large scale, HIV testing programs like CDC's ETI yielded strong economic and public health returns (Hutchinson *et al.*, 2012).

Conclusion

Federal agencies will continue to play an important role in ensuring that HIV testing services are available to those individuals not optimally reached through the private sector. As part of the *Ending the HIV Epidemic: A Plan for America* initiative, CDC will work closely with other HHS agencies, local, and state governments, communities, and people with HIV to coordinate efforts to increase capacity to test for and diagnose all people with HIV as early as possible. Agencies will also continue to explore better ways to assist states, health care providers, community based organizations (CBOs), and other funded entities to address the challenges and barriers they encounter when providing HIV testing services. Although federally supported HIV prevention, care, and treatment programs have substantially exceeded the annual national HIV testing goal, there is still more work to be done to increase the proportion of persons whose infections are diagnosed, and where possible, diagnose them early. Federal agencies continue to be committed to focusing efforts on increased HIV testing as a bridge to improved health and well-being of individuals with HIV and in the communities in which they live.

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Appendix 1:
2013-2016 Tables

Table 1. Number of HIV Tests Conducted by Federal Agencies in 2013

Federal Agency	Number of Tests	Number Positive[a]	Percent Positive[b]	Number Referred to Care	Percent Referred to Care[c]
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,352,513	29,003	0.87%	21,712	74.86%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid[d]	2,331,210	DNC[e]	UA[f]	DNC	UA
Medicare	262,321	DNC	UA	DNC	UA
Health Resources and Services Administration (HRSA)					
HAB[g]	787,663	8,654	1.10%	7,774	89.83%
BPHC[h]	1,188,651	DNC	UA	DNC	UA
Indian Health Service (IHS)					
IHS/Tribal/Urban	51,535	87	0.17%	6	6.90%
Office of Population Affairs (OPA)					
Routine Services -95 Title X Service Grantees & Independent Grant Awards	1,371,181	2,121	0.15%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI[i]	39,519	DNC	UA	DNC	UA
CSAT TCE[j]	16,607	184	1.11%	112	60.87%
Department of Veterans Affairs (VA)					
	505,830	1,793	0.35%	DNC	UA
Total Number of Tests: 9,817,020					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.
b. (Number of Positive Tests/Number of Tests) x 100.
c. (Number of Persons with HIV Referred to Care/Number of Positive Persons) x 100.
d. Medicaid data from 2010 is presented in the 2013 testing table as it was the data most recently available from CMS
e. Agency does not collect (DNC) this data.
f. Data are unavailable (UA).
g. HIV/AIDS Bureau.
h. Bureau of Primary Health Care
i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)
j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services."

Table 2. Number of HIV Tests Conducted by Federal Agencies in 2014

Federal Agency	Number of Tests	Number Positive[a]	Percent Positive[b]	Number Referred to Care	Percent Referred to Care[c]
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,198,430	28,420	0.89%	21,843	76.86%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid[d]	2,403,423	DNC[e]	UA[f]	DNC	UA
Medicare	219,948	DNC	UA	DNC	UA
Department of Justice/ Federal Bureau of Prisons (DOJ/FBOP)					
	58,076	322	0.55%	319	99.07%
Health Resources and Services Administration (HRSA)					
HAB[g]	802,440	7,575	0.94%	6,798	89.74%
BPHC[h]	1,322,317	DNC	UA	DNC	UA
Indian Health Service (IHS)					
	96,602	111	0.11%	DNC	UA
Office of Population Affairs (OPA)					
	1,031,624	2,112	0.20%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI[i]	17,426	DNC	UA	DNC	UA
CSAT TCE[j]	10,530	81	0.77%	DNC	UA
Department of Veterans Affairs (VA)					
	319,999	665	0.21%	DNC	UA
Total Number of Tests: 9,480,815					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.
b. (Number of Positive Tests/Number of Tests) x 100.
c. (Number of Persons with HIV Referred to Care/Number of Positive Persons) x 100.
d. Medicaid data from 2012 is presented in the 2014 testing table as it was the data most recently available from CMS
e. Agency does not collect (DNC) this data.
f. Data are unavailable (UA).
g. HIV/AIDS Bureau.
h. Bureau of Primary Health Care
i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)
j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services.

Table 3. Number of HIV Tests Conducted by Federal Agencies in 2015

Federal Agency	Number of Tests	Number Positive[a]	Percent Positive[b]	Number Referred to Care	Percent Referred to Care[c]
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,038,074	27,729	0.91%	22,906	82.61%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid[d]	UA[e]	UA	UA	UA	UA
Medicare	237,244	DNC[f]	UA	DNC	UA
Department of Justice/ Federal Bureau of Prisons (DOJ/FBOP)					
	61,420	293	0.48%	291	99.32%
Health Resources and Services Administration (HRSA)					
HAB[g]	652,207	7,009	1.07%	5,936	84.69%
BPHC[h]	1,447,628	DNC	UA	DNC	DNC
Indian Health Service (IHS)					
	91,464	112	0.12%	DNC	DNC
Office of Population Affairs (OPA)					
	1,113,635	2,423	0.22%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI[i]	27,731	256	0.92%	199	77.73%
CSAT TCE[j]	8,892	57	0.64%	DNC	UA
CMHS/CSAP/CSAT - MAI-CoC[k]	4,575	31	0.68%	DNC	UA
Department of Veterans Affairs (VA)					
	270,635	488	0.18%	DNC	UA
Total Number of Tests: 6,953,505					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.
b. (Number of Positive Tests/Number of Tests) x 100.
c. (Number of Persons with HIV Referred to Care/Number of Positive Persons) x 100.
d. Most recent Medicaid data is from 2012 and is reported in Table 2
e. Data are unavailable (UA).
f. Agency does not collect (DNC) this data.
g. HIV/AIDS Bureau.
h. Bureau of Primary Health Care
i. Center for Substance Abuse Prevention (CSAP), Minority AIDS Initiative (MAI)
j. Center for Substance Abuse Treatment (CSAT), "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services
k. Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT) Minority AIDS Initiative (MAI), Continuum of Care (CoC). This program is jointly funded by all three SAMHSA Centers.

Table 4. Number of HIV Tests Conducted by Federal Agencies in 2016

Federal Agency	Number of Tests	Number Positive[a]	Percent Positive[b]	Number Referred to Care	Percent Referred to Care[c]
Centers for Disease Control and Prevention (CDC)					
Health Departments and CBOs	3,035,128	27,373	0.90%	21,451	78.36%
Centers for Medicare and Medicaid Services (CMS)					
Medicaid[d]	UA[e]	UA	UA	UA	UA
Medicare	236,571	DNC[f]	UA	DNC	UA
Department of Justice/ Federal Bureau of Prisons (DOJ/FBOP)					
	61,671	203	0.33%	203	100%
Health Resources and Services Administration (HRSA)					
HAB[g]	563,400	5,826	1.03%	5,118	87.85%
BPHC[h]	1,612,535	DNC	UA	DNC	UA
Indian Health Service (IHS)					
	85,772	131	0.15%	DNC	UA
Office of Population Affairs (OPA)					
	1,163,883	2,824	0.24%	DNC	UA
Substance Abuse and Mental Health Services Administration (SAMHSA)					
CSAP MAI[i]	23,280	189	0.81%	DNC	UA
CSAT TCE[j]	9,475	49	0.52%	DNC	UA
CMHS/CSAP/CSAT - MAI-CoC[k]	7,452	51	0.68%	DNC	UA
Department of Veterans Affairs (VA)					
	270,575	476	0.18%	DNC	UA
Total Number of Tests: 7,069,742					

a. Several agencies reported the total number of persons with HIV cared for or registered in their system within a given year. This data was omitted from the tables as it is not reflective of the total number of persons with a positive HIV diagnosis that is derived from the number of tests conducted within the specified year.
b. (Number of Positive Tests/Number of Tests) x 100.
c. (Number of Persons with HIV Referred to Care/Number of Positive Persons) x 100.
d. Most recent Medicaid data is from 2012 and is reported in Table 2
e. Data are unavailable (UA).
f. Agency does not collect (DNC) this data.
g. HIV/AIDS Bureau.
h. Bureau of Primary Health Care
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VAExecSec

From: VAExecSec
Sent: Monday, August 19, 2019 3:26 PM
To: VHA CO 10B1 Correspondence Mgmt. Staff; VHA CO 10B1 Review Staff
Cc: (b)(6) ; McVicker, Carrie A (b)(6)
Subject: FW: For review by 8/21: Report to Congress on National HIV Testing Goals
Attachments: R2 HIV Reporting RTC - CDC rewrite - clean (1).docx

Assigned to VHA/ for SECVA sig or appropriate sig level
DUE to EXECSEC by COB on 8/21
FAST TURNAROUND
NOTE: Please email (b)(6) when edits has been uploaded in VIEWS and (001B) will email to HHS

Thanks

(b)(6)
202-461 (b)(6)

From (b)(6) (HHS/IOS) [(b)(6) @hhs.gov>
Sent: Wednesday, August 14, 2019 3:00 PM
To: VAExecSec <VAExecSec@va.gov>; DOJExecSec (JMD) <DOJExecSec@usdoj.gov>
Subject: [EXTERNAL] For review by 8/21: Report to Congress on National HIV Testing Goals

Good afternoon –

Please find attached for VA and DOJ review/information the attached *draft* Report to Congress on National HIV Testing Goals, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009. CDC prepared this report to Congress in cooperation with other agencies in the Department of Health and Human Services, the Department of Justice, and the Department of Veterans Affairs. HHS is now finalizing the internal clearance of this report, and wanted to make sure that VA and DOJ/Federal Bureau of Prisons have a chance to review the report for accuracy regarding language and data specific to VA and DOJ.

Can you please let me know if you have any edits by COB next Wednesday 8/21? I will plan to move forward with the report at that time.

Thank you!

(b)(6)

(b)(6)
Policy Coordinator
Immediate Office of the Secretary, Executive Secretariat
U.S. Department of Health & Human Services
Room 629H, Humphrey Building
Phone: 202-690 (b)(6)

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(b)(6)

(b)(6)
Policy Coordinator
Immediate Office of the Secretary, Executive Secretariat
U.S. Department of Health & Human Services
Room 629H, Humphrey Building
Phone: 202-690-(b)(6)

Department of Health and Human Services

Centers for Disease Control and Prevention

Report to Congress

Regarding

National HIV Testing Goal

Robert R. Redfield, MD

Director

Centers for Disease Control and Prevention

Department of Health and Human Services

DATE 2019

Executive Summary

In 2009, as part of the Ryan White HIV/AIDS Treatment Extension Act, Congress directed the Secretary of the Department of Health and Human Services (HHS) to establish an annual HIV testing goal of 5,000,000 tests for federally supported HIV and AIDS prevention, treatment, and care programs. This report includes data from HHS agencies, the Department of Veterans Affairs, and the Federal Bureau of Prisons. In 2016[1], the federal agencies contributing to this report surpassed the national HIV testing goal by conducting 7,069,742 tests.

While federal agencies reported a number of barriers to achieving optimal HIV testing and linkage or referral to care rates, those barriers did not preclude agencies' successful attainment of the national HIV testing goal. Instead, these barriers placed limits on the extent to which agencies could exceed the testing goal and fully measure their progress toward reaching the goal. Federal agencies are actively taking steps to remove or mitigate these barriers to succeed in achieving optimal levels of HIV testing, referrals, and linkage to care.

Using published estimates of the cost of conducting an HIV test in health care and non-health care settings, as well as data from contributing federal agencies, the Centers for Disease Control and Prevention (CDC) estimates the cost of reaching the annual goal of conducting five million HIV tests at approximately $1.24 billion in 2017 U.S. dollars. Importantly, in its review of the published literature on the cost-effectiveness of HIV testing, CDC continues to find strong evidence that not only is HIV testing cost-effective (i.e., testing benefits outweigh testing costs), but it also may be cost-saving (i.e., testing benefits, such as earlier linkage to treatment, even considering the costs, actually save money).

[1] The last report was submitted in 2013 and included 2012 data. This report includes data from 2013 through 2016. 2016 data is under-reported as certain agencies have a delay in data collection. The actual number of tests conducted is therefore higher than the 7 million figure that is reported.

The HHS Secretary is dedicated to ensuring that federal agencies continue to meet and surpass the national HIV testing goal every year.

Purpose

In the Ryan White HIV/AIDS Treatment Extension Act of 2009, Congress added the following requirement:

"a) IN GENERAL.—Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention"

"(b) ANNUAL REPORT.—Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period--

'(1) whether the testing goal described in subsection (a) has been met;

'(2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

'(3) the number of individuals who--

'(A) prior to such 12-month period, were unaware of their HIV status; and

'(B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

'(4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

'(5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

'(6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns." (Public Law 111-87, Section 2688).

The following report has been prepared by the Departments of Health and Human Services (HHS) and Veterans Affairs (VA) in response to these requirements.

Background

The Centers for Disease Control and Prevention (CDC) estimates that in the United States more than 1.1 million adults and adolescents are living with HIV[2] and approximately over 38,000 people receive a diagnosis of HIV each year (CDC, 2017; CDC, 2018). Almost 1 in 7 persons were unaware that they were living with HIV in the year prior to diagnosis (CDC, 2018).

Currently, populations such as gay, bisexual, and other men who have sex with men (MSM), transgender persons, Blacks/African Americans, Hispanics/Latinos, and people who live in the southern United States, are disproportionately affected by HIV. Moreover, many of the populations most affected by HIV are also those most often unaware of their infection (CDC, 2018). In addition, fewer people with HIV in the South are aware of their infection than in any other region (CDC, 2016a). Consequently, fewer people in the South who are living with HIV receive timely medical care or treatment and a disproportionate number are missing out on the opportunity to preserve their health and avoid transmitting HIV to their partners (CDC, 2016b). While annual HIV infections decreased by 8 percent among the US population from 2010 to 2015, progress remains uneven (CDC, 2018). For example, annual infections remained stable among all MSM but increased by 22 percent among 25-34 year old Hispanic/Latino MSM (CDC, 2018).

[2] Persons with HIV (PWH) is the term utilized by the Division of HIV and AIDS Prevention (DHAP) at the CDC.

The U.S. National HIV/AIDS Strategy: Updated to 2020 (NHAS) guided the federal response to the HIV and AIDS trends, including the testing programs and initiatives implemented by the federal organizations contributing to this report (NHAS, 2015). In addition, the updated NHAS reflects advances in HIV testing technologies and changes in federal, state, and local laws and policies that govern HIV testing and improve the accuracy and availability of HIV testing.

HIV testing provides a critical pathway to prevention and treatment services that prolong the lives of persons with HIV and helps stop the spread of HIV in communities across the United States. Persons with undiagnosed HIV, or with HIV diagnosed late in the course of their infection, miss crucial opportunities to seek care that may prolong and improve the quality of their lives. HIV treatment has dramatically improved the health, quality of life, and life expectancy of people with HIV. Research shows that when people know they are infected with HIV, they take steps to prevent transmission to others (Weinhardt LS et al., 1999). People with HIV who take HIV medicine as prescribed and achieve and maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners (Cohen MS, Chen YQ, McCauley M, et al., 2016). Thus, testing provides the crucial first step to maintaining health and preventing transmission.

In recent years, there have been numerous positive advances in both testing technologies and the technologies that promote it (e.g., social media). Advances in testing technology make it possible to more efficiently and effectively determine an individual's HIV status. For example, newer fourth-generation diagnostic tests make it possible to detect HIV soon after infection and at a lower cost. (Chavez et al., 2011; Masciotra et al., 2011). Also, the proliferation and use of social media platforms and new smartphone applications provide new opportunities to reach many persons at risk for acquiring HIV with important HIV prevention information and messages and to promote testing so they know

their status. HIV testing efforts are critical for diagnosing infections and remain a priority for the Federal Government.

Annual National HIV Test Goals for the United States

The annual national HIV testing goal of 5 million tests, established by the HHS Secretary as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, was surpassed in 2013, 2014, 2015, and 2016 (Appendix 1, Tables 1-4). Federally-supported programs contributing to this report conducted 7,069,742 tests[3] in 2016, thereby substantially exceeding the national goal of 5 million tests. From the available data, 37,122 tests were reported to be positive for HIV, yielding a positivity rate (i.e., the number of positive diagnoses divided by the number of individuals tested) of 0.71 percent[4]. Importantly, 26,772[5] of the individuals were referred to care, treatment, and prevention services (Appendix 1, Table 4).

The Department of Veterans Affairs and two HHS agencies—CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA)– are the only federal organizations that provided data distinguishing between the number of persons testing positive for HIV and the number of persons newly diagnosed with HIV through some of their programs. In 2016, these organizations identified 27,949 individuals infected with HIV, roughly half of whom (12,032 or 43 percent) were not previously diagnosed with HIV.[6] These new diagnoses represent nearly one third of all new diagnoses reported in

[3] Testing data were provided by the VA, the Federal Bureau of Prisons, and the following five agencies and one office of HHS: CDC, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Indian Health Service (IHS), and Office of Population Affairs (OPA). The total number of tests in 2016 is under-reported due to a delay in data collection systems.
[4] (Number of Positive Tests/Number of Tests) x 100. Denominator includes only data from agencies or programs that reported both variables used in the calculation. The rate reported here does not include all federally supported HIV prevention, care, and treatment programs because data on the number of positive diagnoses were not available from all programs.
[5] Note that several agencies with large testing volumes (most notably, CDC) measure linkage to care, rather than referrals, and therefore underestimates federal agencies' performance referring persons who tested positive for HIV to medical care and treatment.
[6] These numbers only include data from those programs that were able to collect information on whether a positive test result represented a new diagnosis of HIV.

2016 in the United States. The federal agencies contributing to this report continue to invest in activities that will better position them to improve their performance in detecting newly diagnosed cases.

The HIV testing data reported by the contributing federal organizations are subject to a number of caveats that are discussed in the next section of this report. These organizations recognize the need to take steps to ensure that future data collection systems meet the specific operational needs of their organizations and allow for accurate cross-agency assessments of the federal government's response to national HIV trends.

Limitations to HIV Testing Data

The data presented in this report are subject to limitations related to data collection, data comparability, synthesis, and interpretation. The previous Testing Report to Congress described in detail the limitations found when compiling and analyzing the relevant testing data; many of these limitations remained in 2016.

Data collection continues to be a challenge due to the nature of the health care system and the individual organizations collecting data. Parts of the system are oriented toward documenting outputs (e.g., number of HIV tests) rather than outcomes (e.g., a positive or negative HIV test result) because often billing and reimbursement, not public health, was the primary concern driving their design. Data sharing issues and lags in data reporting contribute to challenges in ensuring data are standardized, accurate, and complete.

Data limitations also stem from cross-agency (and, in many cases, cross-program and cross-grantee) variance in 1) the definitions applied to primary data elements, and 2) the independence of the systems used to manage and generate these data. In particular, two data points, "number of tests" and "number of new positives," exemplify both these limitations and their ramifications for measuring the cumulative impact of federally-funded HIV testing activities. Some agencies reported the total number of HIV

tests[7] conducted, while others reported the number of test events.[8] Similarly, among those agencies that reported the number of persons with HIV newly diagnosed through their programs, some relied entirely on client self-reports of not having a previously diagnosed HIV infection, while others confirmed such reports with HIV surveillance data collected by health departments. Further, because federal agencies do not collect, maintain, or share personally identifiable information (e.g., the names and birthdates of persons who test positive for HIV), matching and avoiding duplication of data across systems at the federal level is not possible.

Barriers to Achieve Optimal Levels of Testing

While the annual testing goal of five million tests was again surpassed in 2016, contributing federal organizations continue to experience barriers to achieving even higher levels of HIV testing and, specifically, identifying persons with undiagnosed HIV. Federal agencies identified barriers encountered by agencies, grantees, and testing providers, including data collection and coordination, funding, staffing, and policies.

- *Data Collection* -- Many agencies, grantees, and providers have challenges collecting and reporting data. These issues are generally related to the following:
    - **Training**: Agencies are challenged by lack of staff knowledge of data management in both storing and analyzing data collected.
    - **Data collection tools and software:** Agency data infrastructure often does not fully support efficient use of Electronic Health Records (EHR).

[7] Preliminary and confirmatory HIV tests were counted independently. Accordingly, when an individual whose preliminary test was positive received a confirmatory test, his or her two tests would both be counted towards the total number of tests reported.

[8] A testing event could include up to three tests for a given individual when these tests were conducted as part of a single testing episode. For example, person who tests positive on a preliminary HIV test and so receives a confirmatory test would be captured as one testing event.

- **Coordinating across large and disperse facilities:** Some agencies have regional facilities that use private sector EHR platforms that are not linked to the public EHR platform.

- *Funding* — For some agencies, limited and uncertain funding challenges their ability to design and implement high-impact HIV prevention strategies.
  - **No base funding:** Some agencies receive no base funding for HIV-related activities and are dependent on annual proposals to Minority HIV/AIDS Fund to support their testing efforts.
- *Staffing* -- High rates of staff turnover for grantees, hiring freezes, and limited access to quality training can delay program implementation and reduce effectiveness of testing activities.
  - **Staff Turnover and New Staff**: Constantly educating and training a high proportion of new staff slows down program implementation.
  - **Hiring Freezes**: Some states implement hiring freezes that even apply to federally granted funds.
- *Laws, Regulations, and Organizational Policies* - Several organizations expressed the need for clarification on various HIV testing policies and regulations.
  - **Limited knowledge of existing regulations:** Some agencies were unaware of what regulations were in place surrounding rapid testing without laboratory technicians.
  - **Difficulty instituting programs given existing laws:** Some grantee programs found it difficult to institute an opt-out testing model as several states require written informed consent for HIV testing.

Cost Estimate to Conduct Five Million Tests

CDC estimated the median cost of reaching the annual goal of conducting 5 million HIV tests was $1.24 billion (range: $0.62B to $1.86B) in 2017. Federal organizations published costs and cost data from

evaluation studies of HIV testing programs. These data vary substantially based on testing settings, testing strategies, testing technologies, inclusion or exclusion of linkage to care, assumptions, and costing methods. Based on the range of cost estimates available in the literature and their relative alignment with the range of figures reported by federal agencies for this report, CDC used a potential median cost of $80 per test in clinical settings and $750 per test ($US 2017) in non-clinical settings to arrive at a cost estimate (Shrestha *et al.* 2008, 2011, 2012). To estimate the lower and upper bounds for the federal funding needed to meet the annual testing goal, CDC then varied the median cost estimates by 50 percent in either direction.

Cost-Effectiveness of HIV Testing

The previous Testing Report to Congress described CDC's systematic review of the cost-effectiveness literature relevant to HIV testing and, where possible, compared the costs and effects of different HIV testing. The literature used several cost-effectiveness measures: cost per quality adjusted life year (QALY) saved, cost per life year (LY) saved, cost per HIV infection averted, and cost per new HIV diagnosis identified. Variation across studies limited CDC's ability to directly compare results across different testing approaches or implementation settings. Additional details can be found on pages 29-37 in the previous report.

The value to the nation of attaining the goal of conducting 5 million HIV tests will, however, far outweigh the initial federal investment needed to meet it. A review of the literature continues to show that voluntary HIV testing is cost-effective, and potentially even cost saving,[9] across a wide range of implementation scenarios and settings (Lin *et al.*, 2016; Hutchinson *et al.*, 2016; Schackman *et al.*, 2015; Farnham *et al.*, 2012; Lucas and Armbruster, 2012; Long *et al.*, 2010; Paltiel *et al.*, 2006; Paltiel *et al.*, 2005; Sanders *et al.*, 2005; Walensky *et al.*, 2005). CDC identified one published study that

[9] "Cost-saving" indicates that the money spent to deliver the service was less than the money saved by avoiding downstream costs (e.g., the lifetime treatment costs associated with those HIV infections that would have otherwise have been acquired).

estimated the return on investment (ROI) associated with CDC's own Expanded Testing Initiative (ETI) to be $1.95 back to the health care system as a whole, for each dollar invested. When disregarding the downstream treatment costs associated with earlier awareness of HIV infection, the ROI rose to $11.43. Since many medical interventions have negative (i.e., less than $1) ROIs (Trogdon *et al.*, 2009), these findings suggest that large scale, HIV testing programs like CDC's ETI yielded strong economic and public health returns (Hutchinson *et al.*, 2012).

Conclusion

Federal agencies will continue to play an important role in ensuring that HIV testing services are available to those individuals not optimally reached through the private sector. As part of the *Ending the HIV Epidemic: A Plan for America* initiative, CDC will work closely with other HHS agencies, local, and state governments, communities, and people with HIV to coordinate efforts to increase capacity to test for and diagnose all people with HIV as early as possible. Agencies will also continue to explore better ways to assist states, health care providers, community based organizations (CBOs), and other funded entities to address the challenges and barriers they encounter when providing HIV testing services. Although federally supported HIV prevention, care, and treatment programs have substantially exceeded the annual national HIV testing goal, there is still more work to be done to increase the proportion of persons whose infections are diagnosed, and where possible, diagnose them early. Federal agencies continue to be committed to focusing efforts on increased HIV testing as a bridge to improved health and well-being of individuals with HIV and in the communities in which they live.